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detectible advance retarding contact of a portion of said prongs against the patient's carina; and
 (e) when such advance retarding contact is sensed, affixing the endotracheal tube in place and removing the stylette from the endotracheal tube.

20. The method according to claim 19 wherein the distal advancing step is preceded by orienting said pair of transversely outwardly self-separating prongs to coincide with direction of bifurcation of the main bronchial pathways of the patient.

21. The method according to claim 20 wherein the stylette comprising visually accessing indicia and the orienting step comprises discerning the relative orientation of said prongs by the visually accessing indicia.

22. The method according to claim 19 wherein the stylette comprises a malleable shaft and the releasibly affixing step comprises shaping the malleable shaft of

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the stylette to provide supportive assistance to longitudinal curvature of the endotracheal tube for facilely delivering the endotracheal tube and stylette past the epiglottis.

23. The method according to claim 19 comprising the additional step of quickly removing the endotracheal tube and stylette from the patient to repeat the method when it is determined during the further advancing step that travel without detecting a carina of the endotracheal tube and stylette is greater than a predetermined distance to the carina and a decision is made that the endotracheal tube and stylette reside in the esophagus of the patient.

24. The method according to claim 19 wherein steps (c) through (f) comprise manipulating the endotracheal tube and stylette with a single hand.

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